

# **ARKANSAS DEVELOPMENT FINANCE AUTHORITY**



## **BOND GUARANTY PROGRAM**

### **PRE-APPLICATION**

ARKANSAS DEVELOPMENT FINANCE AUTHORITY ? DEVELOPMENT FINANCE SECTION  
423 MAIN STREET, SUITE 500 ? POST OFFICE BOX 8023 ? LITTLE ROCK, AR 72203  
TELEPHONE (501) 682-5900 ? FAX (501) 682-5939

**COMPANY INFORMATION:**

Corporate Name of Borrower as Filed with the Secretary of State:

\_\_\_\_\_

Operating name of borrower (if different): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact person: \_\_\_\_\_

Incorporation date: \_\_\_\_\_ SIC #: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Project Address: \_\_\_\_\_

Within city limits?: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Local contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Officers and titles:

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Who will be executing documents on behalf of the corporation?

\_\_\_\_\_

Who will be a designated authorized signatory in connection with the bond issue?

\_\_\_\_\_

Major stockholders (over 10%) and percentage of ownership:

---

---

---

Has any officer, director or other principal of the Borrower been convicted, within the last five years, of any felony or a misdemeanor in connection with the offer, purchase or sale of any security? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

---

---

List related companies and how related, i.e. parent, subsidiary, common ownership, etc.):

---

---

---

**PROJECT DESCRIPTION:**

Total employment before project: \_\_\_\_\_

	Percentage	Average Salary
Managerial	_____ %	\$ _____
Administrative	_____ %	\$ _____
Skilled	_____ %	\$ _____
Semi-Skilled	_____ %	\$ _____
Unskilled	_____ %	\$ _____

Total new jobs created by project: \_\_\_\_\_

	Percentage	Average Salary
Managerial	_____ %	\$ _____
Administrative	_____ %	\$ _____
Skilled	_____ %	\$ _____
Semi-Skilled	_____ %	\$ _____
Unskilled	_____ %	\$ _____

Proposed project start and completion date: \_\_\_\_\_

Is this an expansion, relocation or a new facility? \_\_\_\_\_

Size of existing/proposed building: \_\_\_\_\_ Area of land (acres): \_\_\_\_\_

How much cash are you committing to this project? \$ \_\_\_\_\_

Any additional financing committed to this project? \_\_\_\_\_

Total proposed capital expansion: \$ \_\_\_\_\_

	Percentage	Dollar Amount
Land	_____ %	\$ _____
Building	_____ %	\$ _____
New Equipment	_____ %	\$ _____

Description of equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is any equipment to be purchased used? \_\_\_\_\_ \$ \_\_\_\_\_

Will the project be completed if the guaranty is not approved? \_\_\_\_\_

Is another possible lender considering this financing package? If yes, explain:

---

---

---

---

How will this project benefit your company? \_\_\_\_\_

---

---

Is any additional collateral being offered for this project? \_\_\_\_\_

Market value before liens? \$\_\_\_\_\_

Value established by:

Appraisal? \_\_\_\_\_ Audit? \_\_\_\_\_ Estimate? \_\_\_\_\_ Other? \_\_\_\_\_

Prior liens? \$\_\_\_\_\_ To whom \_\_\_\_\_

## **BUSINESS DESCRIPTION**

List any permits or licenses granted (give grantor, date, number and whether current):

---

---

---

Products or services: (list general description, trademark, patents, etc.):

---

---

---

Major customers (at least four) & their % of your gross sales:

---

---

---

---

Your company's estimated percentage of market: \_\_\_\_\_

List major competitors: \_\_\_\_\_

---

---

List major suppliers and their % of your gross sales:

---

---

---

---

Please list total annual capital expenditures for three years prior to this application  
& total anticipated capital expenditures for three years following this application:

(20__)	_____	(20__)	_____
(20__)	_____	(20__)	_____
(20__)	_____	(20__)	_____

Have you used tax-exempt bond financing in the past? \_\_\_\_\_

If yes, list dates, original amounts, current amounts outstanding, issuer, guarantor (if any) and  
bond counsel for each issue: \_\_\_\_\_

---

---

Do you have any known unpaid State of Arkansas tax liability? \_\_\_\_\_

If yes, explain:

---

---

---

Legal counsel: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact person: \_\_\_\_\_

List any lawsuits or judgments filed, threatened, pending, or convictions:

---

---

Accountant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact person: \_\_\_\_\_

Date of last audit: \_\_\_\_\_

Unqualified \_\_\_\_\_

Qualified \_\_\_\_\_

Exceptions \_\_\_\_\_

If Qualified or Exceptions, list reasons:

---

Bank/Financing relationships (give name, address, phone, and contact person):

---

---

---

Working capital financing provider: \_\_\_\_\_

Line of credit amount: \$\_\_\_\_\_

**\*\*PLEASE ATTACH THE FOLLOWING:**

- ? ? Financial statements for the last three years, audited, if available, and all notes to those statements
- ? ? Three years of proforma financial statements (first year broken down by month)
- ? ? Articles of Incorporation and any Amendments
- ? ? Bylaws and any Amendments

By submitting this pre-application, you grant ADFA permission to contact attorneys, accountants, and bankers referenced herein and permission to check credit worthiness.